



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 4724

SERIAL NUMBER 10/695,111	FILING DATE 10/28/2003 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 24356-002 CON (BSW-2) CON
-----------------------------	---------------------------------------	--------------	------------------------	--

APPLICANTS

Robert Llewellyn Clancy, Newcastle, AUSTRALIA;
 Gerald Pang, Elizabeth Bay, AUSTRALIA;

**** CONTINUING DATA *******
 This application is a CON of 09/979,594 03/08/2002 ABN
 which is a 371 of PCT/AU00/00441 05/15/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 01/27/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> / Initials <i>3/05</i>	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 5	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 5
--	---	----------------------------------	------------------------	-----------------------	----------------------------

ADDRESS
 30623
 MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
 AND POPEO, P.C.
 ONE FINANCIAL CENTER
 BOSTON , MA
 02111

TITLE
 Methods for predicting and/or diagnosing the risk of gastric cancer

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
------------	---	---

<p>RECEIVED 769</p>	<p>No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit _____</td> </tr> <tr> <td> </td> </tr> </table>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____	
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Credit _____					